

CITY OF MARYSVILLE
UTILITY BILLING DEPARTMENT 1049 State Avenue
Marysville, Washington 98270-4234
Phone (360) 363-8000
Fax (360) 651-5175
marysvillewa.gov

December 2, 2013

Dear Customer:

Enclosed is the renewal application form for the 2014 City of Marysville senior/disabled low income discount. Please return the completed application and documents no later than February 28, 2014. If the information is not received, the discount will automatically be removed from the account. Please read the requirements on the enclosed form carefully.

- All applicants must provide proof of income earned for **2013** of all persons living in home.
- All seniors must provide proof of age.
- All disabled applicants must provide proof of disability from the State of Washington.
- If you reside in the City of Arlington and receive billing from City of Marysville, an application for rate reduction must be filled out with the City of Arlington to receive the discount on the Stormwater Fee on the City of Marysville billing.

Also enclosed is the application for City of Marysville Utility Tax and Water/Sewer Rebate for 2013. The utility tax rebate is for customers inside city limits only, as outside city customers do not pay City utility tax. Please provide copies of the:

- PUD (electricity and/or water)
- Telephone
- Puget Sound Energy (natural gas)
- Water and sewer if you are billed through your landlord

If you pay the water and sewer to the landlord or property management company, you may still qualify for the rebate. Provide a written statement from your landlord/property management company stating the water/sewer is included in the rent/space rent. Please complete the form and submit all documentation to City Hall before February 28th, 2014. Applications received after February 28 will not be accepted. Incomplete applications will be returned.

Once we receive the information, we will be able to process your rebate. Please allow for processing.

Sincerely,

Utility Billing Department

Enclosures



APPLICATION FOR SPECIAL RATES FOR LOW INCOME
SENIOR AND DISABLED CITIZENS

DATE _____ YOUR BIRTHDATE _____ SPOUSE'S BIRTHDATE _____

COMBINED ANNUAL INCOME OF ALL PERSONS LIVING AT THIS ADDRESS:

		INTEROFFICE USE ONLY: ROUTE# _____
WAGES, SALARY, ETC.	\$ _____	_____ Owner _____ Renter
SOCIAL SECURITY	\$ _____	_____ Marysville _____ Arlington*
INTEREST/DIVIDENDS	\$ _____	*Must submit Arlington
RENTS/ROYALTIES, ETC.	\$ _____	form for stormwater discount
ALL OTHER INCOME	\$ _____	_____ APPROVED
TOTAL ANNUAL INCOME	\$ _____	_____ DENIED _____ INITIALS

APPLICANT'S NAME: _____

CO-TENANT/SPOUSE'S NAME: _____

ADDRESS: _____
CITY STATE ZIP

PHONE NUMBER: _____ NO. OF PERSONS IN HOUSEHOLD _____

CITY OF MARYSVILLE ACCOUNT # _____

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE _____

- New senior applications **MUST** be accompanied by proof of age and income or application will be denied.
- Renewals need only proof of income or application will be denied.
- Disabled applications (under age 62) **MUST** be accompanied by proof of disability and income or application will be denied.

SEE REVERSE FOR OTHER REQUIREMENTS

PLEASE RETURN APPLICATION TO:
MARYSVILLE CITY HALL
1049 STATE AVENUE, MARYSVILLE, WA 98270-4234
QUESTIONS: CALL 360.363.8009



APPLICATION FOR SPECIAL RATES FOR LOW INCOME
SENIOR AND DISABLED CITIZENS

DATE _____ YOUR BIRTHDATE _____ SPOUSE'S BIRTHDATE _____

COMBINED ANNUAL INCOME OF ALL PERSONS LIVING AT THIS ADDRESS:

		INTEROFFICE USE ONLY: ROUTE# _____
WAGES, SALARY, ETC.	\$ _____	_____ Owner _____ Renter
SOCIAL SECURITY	\$ _____	_____ Marysville _____ Arlington*
INTEREST/DIVIDENDS	\$ _____	*Must submit Arlington
RENTS/ROYALTIES, ETC.	\$ _____	form for stormwater discount
ALL OTHER INCOME	\$ _____	_____ APPROVED
TOTAL ANNUAL INCOME	\$ _____	_____ DENIED _____ INITIALS

APPLICANT'S NAME: _____

CO-TENANT/SPOUSE'S NAME: _____

ADDRESS: _____
CITY STATE ZIP

PHONE NUMBER: _____ NO. OF PERSONS IN HOUSEHOLD _____

CITY OF MARYSVILLE ACCOUNT # _____

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- Renewals need only proof of income or application will be denied.
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SEE REVERSE FOR OTHER REQUIREMENTS

PLEASE RETURN APPLICATION TO:
MARYSVILLE CITY HALL
1049 STATE AVENUE, MARYSVILLE, WA 98270-4234
QUESTIONS: CALL 360.363.8009



**APPLICATION FOR UTILITY TAX/WATER AND SEWER REBATE
FOR LOW INCOME SENIOR AND DISABLED CITIZENS**

CITY OF MARYSVILLE ACCOUNT NUMBER: _____

NAME: _____ DATE: _____

ADDRESS: _____ AGE: _____
(Please include unit #, city, zip code) (Senior is defined as 62 over)

TELEPHONE #: _____ TOTAL INCOME: _____

MONTH	PUD	TELEPHONE	PSE	WATER/SEWER
JAN				
FEB				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUG				
SEPT				
OCT				
NOV				
DEC				
Total:				

TOTAL UTILITY TAX: _____ TOTAL W/S: _____ TOTAL CHECK AMOUNT: _____

*******IMPORTANT!*******



- ➔ ***PLEASE SUPPLY COPIES OF ALL BILLS SHOWING UTILITY TAXES PAID AND/OR PROOF OF WATER/SEWER PAYMENTS IF INCLUDED IN RENT PAYMENTS.***
- ➔ ***IF YOU ARE APPLYING FOR REBATE ONLY, YOU MUST PROVIDE INCOME, PROOF OF AGE FOR SENIORS AND PROOF OF DISABILITY IF DISABLED.***
- ➔ ***PLEASE CHECK HERE IF YOU WISH TO PICK UP YOUR BILLS AT CITY HALL WHEN REBATE IS COMPLETE.***
- ➔ ***PLEASE CHECK HERE IF YOU WISH US TO SHRED YOUR BILLS.***

I HEREBY ATTEST THAT THE ABOVE INCOME INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO PROVIDE REASONABLE DOCUMENTATION TO THE CITY OF MARYSVILLE IF REQUESTED.

Signature – Applicant

Signature – UB Staff

Signature – Final Review

1049 State Avenue, Marysville, Washington 98270-4234 *** (360) 363-8000**